

Guide to Long Term Care

Explore Your Options

Shared Decision Making *for Veteran's Long Term Care needs*

Shared Decision Making is a process where Veterans work with their social worker, care team and informal caregivers, like a family member or friend, to make plans and decisions about long term care.

Veterans and Caregivers can use this worksheet to:

1. Identify long term care needs
 2. Explore long term care options
 3. Involve others in your planning
 4. Decide next steps
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Use this worksheet with the online Guide to Long Term Care
www.va.gov/Geriatrics/Guide/LongTermCare
and the Caregiver Self-Assessment

Step 1. What Are Your Needs?

What do you need help with?

I need help to: *(Check any that apply)*

- ☐ Eat, get dressed, bathe, go to the toilet or get around the house.
- ☐ Do chores such as fixing meals, paying bills and shopping.
- ☐ Get care that requires a nurse or therapist.
- ☐ Check my blood pressure or blood sugar, keep track of medical visits or fill my pill box.
- ☐ Deal with my drug, alcohol or mental health concerns.
- ☐ Make decisions and remember things I need to do.
- ☐ Do social things with family or friends.
- ☐ Other: _____

Who helps you?

I have help from: *(Check any that apply)*

- ☐ My spouse or partner.
- ☐ Family member or friend who lives with me.
- ☐ Family members or friends who come over to help me.
- ☐ Paid caregiver.
- ☐ I do not have any regular help.

Where do you want to live?

I want to live at home for now: *(Check only one)*

- ☐ Yes, because being at home is the most important thing to me.
- ☐ Yes, I want to be at home if my health needs are met.
- ☐ Yes, I want to live at home, but it is not best for me now.
- ☐ No, I need to live somewhere else that gives me more care.

Step 2. Explore Long Term Care Options

Long term care options I would consider are:

(Check your choices – to learn more, click on the links below or go to www.va.gov/Geriatrics/Guide/LongTermCare)

Options at my home

- ☐ Adult Day Health Care
- ☐ Home Based Primary Care
- ☐ Homemaker/Home Health Aide
- ☐ Hospice and Palliative Care
- ☐ Program of All-Inclusive Care for the Elderly (PACE)
- ☐ Respite Care
- ☐ Skilled Home Health Care
- ☐ Telehealth
- ☐ Veteran-Directed Home and Community Based Services

Options in a residential setting

- ☐ Adult Family Homes
- ☐ Assisted Living
- ☐ Community Living Centers (VA Nursing Homes)
- ☐ Community Nursing Homes
- ☐ Medical Foster Homes
- ☐ State Veterans Homes

I chose these options because it is important to:

(Examples: stay at home, be close to friends/family, have help at night)

1. _____

2. _____

3. _____

Step 3. Involve Others in Your Planning

Who is involved in your long term care planning?

People that help me make decisions about long term care are: *(Check any that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Spouse or partner | <input type="checkbox"/> Nurse care manager |
| <input type="checkbox"/> Family member/friend | <input type="checkbox"/> Primary care provider (physician, nurse practitioner, physician assistant) |
| <input type="checkbox"/> Social worker/case manager | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mental health provider | _____ |

People who agree with my favorite long term care option(s) are:

People who disagree with my favorite long term care option(s) are:

Long term care options we agree could be right for me are:

(Check your choices – to learn more, click on the links below or go to www.va.gov/Geriatrics/Guide/LongTermCare)

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Step 4. Decide Next Steps

- ☐ Use the Guide to Long Term Care at: www.va.gov/Geriatrics/Guide/LongTermCare
- ☐ Talk with my care team about my health needs
- ☐ Talk with my mental health provider about my care needs
- ☐ Talk with my social worker about getting long term care services
- ☐ Get support from my family and friends
- ☐ Use the website links in the Guide to Long Term Care for more information
- ☐ Write down my questions and bring them with me to my next visit
- ☐ Other: _____

Questions:

Bring to your next visit:

- ☐ This worksheet after you fill it out
- ☐ The Caregiver Self-Assessment
- ☐ A list of your questions
- ☐ Someone who can support you

Veteran:

Name: _____

Date: _____

Care Team or Social Worker contact:

Name: _____

Phone: _____